

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027756

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 096 Primary Registration District No. 5351 Registrar's No. 49

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 17 1963

03 cont. - 2/20
 VS 300
 Rev. 4/59
 1 0300
 2 0530
 3
 4 0
 5 0
 6
 7 0
 8 2
 9 9298
 10 42
 11 030
 12 91-3
 13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
 OR
 TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Miller Twp.</u>		Length of stay in 1b <u>12 hrs.</u>	c. CITY OR TOWN <u>Lebanon Mo. & Twp.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Celt Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Lebanon Mo. Rt 2</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>James Wayne Pulley</u>			4. DATE OF DEATH Month Day Year <u>July 5 1963</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/5/1950</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Boy</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Laclede Co Mo. U. S. A.</u>
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Pulley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Mrs Human Henson Lebanon Mo.</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Accidental Drowning</u>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>on triangua road 2 1/2 miles</u>			
DUE TO (c) <u>N. E. of Buffalo Mo</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Drown while swimming in River</u>	
20c. TIME OF INJURY Hour <u>10:30</u> a.m. <u>PM</u> Month, Day, Year <u>7/5/1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Fred Kirk Farm near Celt</u>		20f. CITY, TOWN, OR LOCATION <u>Dallas Mo</u>	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. J. Jones</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Buffalo Mo</u>	22c. DATE SIGNED <u>7-6-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/7/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery near Long Lane Mo.</u>	
24. FUNERAL DIRECTOR <u>Dorsey M. Howe Lebanon Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-15-63</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. W. H. Jones Jr</u>

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.